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SERIAL NUMBER 10/502,349	FILING OR 371(c) DATE 07/23/2004 RULE	CLASS 607	GROUP ART UNIT 3709	ATTORNEY DOCKET NO. 12637/71
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US03/02846 01/31/2003 which claims benefit of 60/353,697 02/01/2002
 Verified JD

** FOREIGN APPLICATIONS *****

none JD

** SMALL ENTITY **

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	OH	1	39	5
Verified and Acknowledged	Allowance Examiner's Signature	JD Initials			

ADDRESS
23838

TITLE

Modulation of the pain circuitry to affect chronic pain

FILING FEE RECEIVED 642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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